



CG-CR, CALENDAR RAFFLE LICENSE APPLICATION

State Form 53638 (6-08)

INDIANA GAMING COMMISSION

Approved by State Board of Accounts, 2008

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

INSTRUCTIONS: Allow 4-6 weeks for processing. Attach license fee and a copy of your proposed calendar which must include scheduled event dates and prizes.

| | |
|---|--|
| 1. Name of organization (<i>please type or print</i>) | 2. Email address |
| 3. Previous name of organization (<i>if name changed</i>) | 4. Federal identification number (FID) |

| | |
|---|-------------------|
| 5. Address of principal office (<i>As it appears on the Charity Gaming Qualification Application, Form CG-QA</i>) | 6. Business hours |
|---|-------------------|

| | | | | |
|------|-------|----------|--------|---------------------------------|
| City | State | ZIP code | County | Daytime telephone number () |
|------|-------|----------|--------|---------------------------------|

| | |
|---|-------------------------|
| 7. Address of the facility where the event will be conducted (<i>number and street</i>) | Doing business as (DBA) |
|---|-------------------------|

| | | | | |
|------|-------|----------|--------|---------------------------------|
| City | State | ZIP code | County | Daytime telephone number () |
|------|-------|----------|--------|---------------------------------|

8. List the beginning drawing date and the end drawing date. (*AM establishes the midnight hour; PM establishes the noon hour.*)

Begin Date _____, _____ End Date _____, _____ Hours _____ M to _____ M

FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION

Attach additional sheets if necessary to supply all information for each line.

9. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (*Check One*)

• **If leased (rented) or donated**, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.

| | | | | |
|---|-------|----------|--------------------------------------|---------------------------------|
| Name of lessor/donor (<i>full legal name</i>) | | | Address (<i>number and street</i>) | |
| City | State | ZIP code | County | Daytime telephone number () |

10. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment/device being leased or donated to you for this event? Yes ☐ No ☐

If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.

Note: Gaming equipment/device must originate from a licensed distributor and/or manufacturer.

| | | | | |
|------|--------------------------------------|------|-------|----------|
| Name | Address (<i>number and street</i>) | City | State | ZIP code |
|------|--------------------------------------|------|-------|----------|

MANUFACTURER AND DISTRIBUTOR INFORMATION

Attach additional sheets if necessary

11. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase licensed supplies.

| Name | Address (<i>number and street</i>) | City | State | ZIP Code | Items |
|------|--------------------------------------|------|-------|----------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

12. Does your organization own gaming equipment or devices? ☐ Yes ☐ No

If so, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment purchased.

| | | | |
|----------------------------------|------------------|----------------|--------------------------|
| Name of Distributor/Manufacturer | Date of Purchase | Purchase Price | Type of Equipment/Device |
| | | | |

OPERATOR INFORMATION*Attach additional sheets if necessary*

13. List below at least three (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event.

| Full Legal Name | Home Address (number and street, city, state, ZIP code) | Driver's License or State I.D. | Date of Birth (month, day, year) | Daytime Telephone Number | Years with Organization | Check appropriate box |
|-----------------|--|-----------------------------------|-------------------------------------|-----------------------------|----------------------------|---|
| | | | | () | | Bartender <input type="checkbox"/> Member <input type="checkbox"/> |
| | | | | () | | Bartender <input type="checkbox"/> Member <input type="checkbox"/> |
| | | | | () | | Bartender <input type="checkbox"/> Member <input type="checkbox"/> |

14. Please list the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming event.**X**

Name

Daytime Telephone Number

15. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes ☐ No ☐ If yes, list each individual's name, name of organization, and the month(s) that they will operate other gaming events.**WORKER INFORMATION***Attach additional sheets if necessary*16. List **all** individuals (excluding operator information above) who will assist and work in the operation of the licensed event.

| Full Legal Name | Home Address (number and street, city, state, ZIP code) | Driver's License or State I.D. | Date of Birth (month, day, year) | Daytime Telephone Number | Mos./Years with Organization | Check appropriate box |
|-----------------|--|-----------------------------------|-------------------------------------|-----------------------------|------------------------------------|--|
| | | | | () | | Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/> |
| | | | | () | | Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/> |
| | | | | () | | Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/> |
| | | | | () | | Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/> |

17. Have any operators or workers listed on lines 13 and 16, or on any attachments, been convicted of a felony within the past 10 years in any jurisdiction?

Yes ☐ No ☐ If you answered yes, attach a list including each name, type and date of conviction, and jurisdiction/court.**GROSS RETAIL SALES INFORMATION**18a. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? (Check one) ☐ Yes* ☐ No
*If "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

| | |
|---|------------------------------------|
| Name of organization offering the sales | Retail Merchant Certificate Number |
|---|------------------------------------|

18b. Which of the following will your organization be receiving? (Check one)

_____ All of the retail sales income _____ A flat fee retail sales payment

_____ A percentage of the retail sales income _____ Other (explain) _____

ADDITIONAL ACTIVITIES AUTHORIZED

19. Will your organization be selling pull tabs, punchboards and/or tip boards? _____ Yes _____ No

Will your organization be conducting a door prize drawing at this event? _____ Yes _____ No

(Limitation on door prize drawings at all events is \$1,500 and cannot be increased)

FINANCIAL INFORMATION

20. Where will the charity gaming financial records be maintained?

Address (*number and street*)

City

State

ZIP code

21. Name, address, and telephone number of the person maintaining these records.

Name

Address (*number and street*)

City

State

ZIP code

Daytime telephone number
()

22. List the organization's separate and segregated charity gaming checking account information.

Name of bank

Address (*number and street*)

City

State

ZIP code

Name of separate and segregated Charity Gaming checking account

Account number

LICENSE FEE INFORMATION

23. The license fee for your first Annual Calendar Raffle License is \$50.00 and must be paid with this application. All subsequent license fees will be based on the adjusted gross receipts from the **last event of the same type**. You will find this license fee amount on page 3, item #4 of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by a check **drawn from your separate and segregated charity gaming checking account**. Make your check payable to: **Indiana Gaming Commission**.

Notice: Have you held a Calendar Raffle License within the last five (5) years? ☐ Yes ☐ No

If yes, your license fee is based on the gross receipts of your last Calendar Raffle event. If no, your initial license fee is \$50.00.

CERTIFICATION

24. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer

Date (*month, day, year*)

Printed name

Title

Daytime telephone number

Signature of Secretary

Date (*month, day, year*)

Printed name

Daytime telephone number

Send this application and \$50.00 fee to:

Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204
Phone: (317) 232-4646